IN THE DISTRICT COURT OF THE UNITED STATES FOR THE

MIDDLE DISTRICT OF ALABAMA, NORTHERN DIVISION

EDWARD BRAGGS, et al.,	)	
	)	
Plaintiffs,	)	
	)	**CIVIL ACTION NO.**
v.	)	**2:14cv601-MHT**
	)	
JEFFERSON S. DUNN, in his official capacity as Commissioner of the Alabama Department of Corrections, et al.,	)	
	)	
Defendants.	)	

ATTACHMENT A

SUICIDE PREVENTION MEASURES

1. STAFFING.

1.1. The Alabama Department of Corrections ("ADOC") will modify the contract with its healthcare services vendor consistent with the Notice of Filing of Status of Negotiations and Agreements filed herewith.

1.2. Each ADOC major facility[1] will have at least one (1) full-time equivalent ("FTE") licensed Mental

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1. "ADOC major facility" includes one or more of the major adult correctional facilities operated by or on behalf of ADOC (including Bibb Correctional Facility, Bullock Correctional Facility, Donaldson Correctional Facility, Easterling Correctional Facility, Elmore Correctional Facility, Fountain

Health Professional ("MHP"). Each treatment hub—Bullock Correctional Facility, Donaldson Correctional Facility, and Tutwiler Prison for Women—will have at least two (2) FTE MHPs. Each treatment hub will have two (2) MHPs on-site for at least eight (8) hours per day every business day, and at least one (1) MHP on the weekends and holidays.

1.3. An Associate Licensed Counselor ("ALC") working toward his or her licensure as a Licensed Professional Counselor ("LPC") cannot complete suicide risk assessments or conduct follow-up examinations on his or her own. The ALC can participate in suicide risk assessments conducted by an independently licensed MHP or another independently licensed mental-health professional such as a psychiatrist, psychologist, or Certified Registered Nurse Practitioner ("CRNP") or other appropriate licensed professional, as a part of the ALC's training.

2. TRAINING.

2.1. Consistent with the Order dated June 10, 2019 (doc. 2569), ADOC and/or its mental-health vendor developed the training materials related to suicide risk assessments, discharge from suicide watch, follow-up examinations, and preplacement screening, which Drs. Mary Perrien and Kathy Burns approved. Additionally, current CRNPs, MHPs, and nurses have been, or will be, timely trained on the applicable training materials

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Correctional Facility, Hamilton Aged and Infirmed Center, Holman Correctional Facility, Kilby Correctional Facility, Limestone Correctional Facility, St. Clair Correctional Facility, Staton Correctional Facility, Tutwiler Prison for Women, and Ventress Correctional Facility), but excludes any community-based facilities and community work centers.

approved by Drs. Perrien and Burns pursuant to the June 10, 2019 Order.

2.2. For the training on conducting suicide risk assessments, ADOC's mental-health vendor will use the mentoring model recommended by Drs. Perrien and Burns, with a CRNP or MHP (a) observing a previously trained mental health staff member conduct a suicide risk assessment on three (3) separate occasions, (b) conducting a suicide risk assessment on three (3) separate occasions with supervision, and (c) conducting a suicide risk assessment on three (3) separate occasions unsupervised but with the completed suicide risk assessments reviewed and approved by a previously trained mental-health staff member.

2.3. Within two (2) years of the Effective Date[2] and every two (2) years thereafter during this Agreement, a psychiatrist or psychologist as to CRNPs and psychiatrist, psychologist, or CRNP as to MHPs will review the documentation for three (3) suicide risk assessments and observe as the CRNP or MHP conducts one (1) suicide risk assessment. If the CRNP's or MHP's reviewer determines, or if a supervisor otherwise separately determines, that the CRNP or MHP did not accurately, completely, or appropriately document and exercise reasonable clinical judgment related to the suicide risk assessments, then the CRNP or MHP will receive remedial training consistent with section 2.2 above.

2.4. Any person who conducts the suicide prevention training must be, at a minimum, a

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2. "Effective Date" means the date if and when the Court enters an order approving this Agreement.

2.5. ADOC and/or its mental-health vendor may designate a suicide prevention trainer at each ADOC major facility.

2.6. Each person who conducts the suicide prevention training must complete a "train- the-trainer" program before providing such training.

2.7. Consistent with the Phase 2A Order and Injunction on Mental-Health Identification and Classification Remedy (Referral) (docs. 1821-1 and 1821-2, the "Referral Order"), all persons working within any ADOC major facility who have any direct contact with inmates must complete the Comprehensive Mental Health Training Curriculum. (Doc. 1821-1 at §§ 1.1-1.2). For each new employee of ADOC and/or its vendor(s) working within ADOC major facilities with direct inmate contact, he or she must complete the Comprehensive Mental Health Training Curriculum within thirty (30) days of the start of his or her employment or within thirty (30) days of the Effective Date.

2.8. New MHPs will shadow a senior MHP, psychiatrist, psychologist, or CRNP for three (3) mental health rounds in Restricted Housing Unit ("RHU") prior to independently conducting RHU mental health rounds. They will also receive training related to the purpose and proper procedure for conducting RHU rounds, along with their role in the referral process and the role of mental-health staff in the evaluation of risk.

2.9. On an annual basis starting with the earlier of the first complete fiscal year or calendar year after the Effective Date, all persons working within any ADOC major facility who have any direct contact with inmates must be trained on suicide prevention to recognize verbal and behavioral cues that

indicate potential suicide and appropriate responses to those indicators.

2.9.1. Persons working in an RHU will receive additional training related to the purpose and proper procedure for conducting RHU rounds, along with their role in the referral process and the role of mental-health staff in the evaluation of risk.

2.9.2. Psychiatrists, psychologists, CRNPs, and MHPs will receive additional training on the importance of correctional risk factors such as safety concerns, recent disciplinary actions, and secondary gain; the use of constant observation and close watch depending on an inmate's level of risk; the proper placement of and privileges for inmates on Mental Health Observation ("MHO"); the level of observation necessary for inmates on MHO; and the development and implementation of safety plans to address short- and long-term individualized interventions.

2.9.3. Observers will receive additional training on general curriculum related to observation obligations, access to medical, mental-health, and correctional staff, and conflict resolution, along with facility-specific processes and procedures (including the method of accessing assistance in an emergency, obtaining observation relief for a break, and communicating with supervisory staff during nontypical work hours.

2.9.4. Consistent with section (3)(E) of the Phase 2A Remedial Judgment on Immediate Relief for Suicide Prevention (doc. 2526, the "Immediate Suicide Prevention Order"), all

nurses who perform pre-placement screenings for segregation or who supervise nurses performing such screenings will receive additional training on the module approved by Dr. Mary Perrien and Dr. Kathy Burns.

2.10. For training purposes, on a quarterly basis, ADOC and/or its mental-health vendor must conduct emergency preparedness drills at each ADOC major facility, including scenarios involving self-injury and suicide attempts. During the emergency preparedness drills, the trainers will evaluate the correctional and medical staff response time to the emergency code and their preparedness for the emergency code (including, as appropriate, presence of an emergency bag, automatic external defibrillator (or AED), and cut-down tool). Additionally, the emergency preparedness drill will include role-playing for participants to practice the response to an emergency, including, for example, the using a cut-down tool, rendering first aid, and performing cardiopulmonary resuscitation (or CPR).

3. ACCESS.

3.1. Consistent with the Phase 2A Order and Injunction on Mental-Health Identification and Classification Remedy (Intake) (doc. 1794-1, the "Intake Order"), during the intake process, ADOC and/or its vendor will educate inmates on ways to access mental-health services, provide a description of mental-health services available in ADOC, and explain the grievance process for complaints related to mental-health. (Doc. 1794-1 at 7).

3.2. After intake, when an inmate is transferred to another ADOC major facility, the inmate must be provided any facility-specific information concerning

mental-health services and the way to access these services for himself / herself or for another inmate.

3.3. A "safety contract" will not be used for inmates, except in rare circumstances where clinical judgment indicates such safety contract will support the goals set forth in the inmate's treatment plan.

3.4. Except as expressly provided to the contrary in this Agreement, ADOC and/or its mental-health vendor's staff shall use their reasonable clinical judgment in referring, assessing, evaluating, monitoring, discharging, treating, examining, engaging in clinical encounters with, and making decisions concerning the mental-health services for inmates.

4. INTERVENTION.

4.1. If ADOC or vendor staff observe an inmate attempting suicide or after completion of suicide, then such staff member will immediately call for assistance. ADOC or vendor staff will immediately respond to a suicide threat with efforts to interrupt the behavior or attempt.

4.2. Immediate life-saving measures will be performed by ADOC or vendor staff as soon as there are two (2) correctional officers present and will continue until either paramedics arrive and assume care or a physician declares such measures are no longer necessary.

4.3. Each ADOC major facility must maintain an appropriate cut-down tool in each housing unit.

4.4. Unless medically contraindicated and when ADOC staff may safely proceed, after intervention during a suicide attempt, an inmate will be moved to the medical or healthcare unit at the ADOC major

facility for access to appropriate medical equipment and privacy.

4.5. If an inmate dies as a result of a suicide attempt, then his or her body must be moved to a private area outside of any occupied housing unit and outside the view of other inmates.

4.6. Consistent with section V.J. of Administrative Regulation 629, ADOC and/or its vendor will debrief staff and inmates after a completed or life-threatening attempted suicide.

4.7. Consistent with the Second Amended Stipulation on Disciplinary Sanctions and Administration Regulation 403 (as amended) (doc. 2433-1), inmates will not be disciplined for engaging in or reporting self-harm. (Doc. 2433-1 at §§ 1.a., b.). "Conduct directly related to self- injurious behavior" includes but is not limited to: engaging in self-harm; attempting suicide; possessing tools or instruments, such as razors, other sharp objects, and rope, for the purpose of using them to engage in self-harm; destroying property, such as ripping apart a mattress or causing fire damage to a cell, in the process of self-harming or attempting suicide. (Id. at § 1.b.).

5. REFERRALS.

5.1. Anyone may refer an inmate to be evaluated for a suicide watch placement. The referring person must ensure that staff maintain constant, line-of-sight observation of the inmate who is being referred until he or she is either transferred to appropriate correctional, medical, or mental-health staff or assessed by a triage nurse on an emergent referral. (Docs. 1821-1 at § 2.1, 1821-2 at § 2)

5.2. Consistent with the Referral Order, a triage nurse, but not correctional staff, must triage mental-health referrals. (Doc. 1821-2 at § 2). Upon being presented to the triage nurse, each inmate will be maintained under "constant observation" at least until they have been evaluated by a psychiatrist, psychologist, CRNP, or MHP. A CRNP or MHP must be trained consistent with section 2.2 above before conducting a suicide risk assessment.

5.3. Consistent with the Referral Order, all referrals must be recorded on an ADOC Mental Health Referral Form. (Id. at § 2.3).

5.4. Consistent with the Referral Order, each ADOC major facility will maintain a Mental Health Referral Log and each referral to mental-health staff will be logged in such Mental Health Referral Log. (Doc. 1821-1 at § 3).

5.5. Consistent with the Phase 2A Order and Injunction on Mental-Health Individualized Treatment Planning Remedy (doc. 1865-1, the "Treatment Planning Order"), a progress note must indicate the reason for the interaction, including, for example, where the interaction resulted from a mental-health referral. (Doc. 1865-1 at § 4.1.3.4).

5.6. Suicide watch cells will not be designated as a RHU. A suicidal inmate should not be handcuffed before placement on suicide watch, unless the inmate's security level requires it or he or she is engaged in serious disruptive and dangerous activity that makes it unsafe to bring the inmate out-of-cell without mechanical restraints.

6. EVALUATION.

6.1. Before an inmate is placed on suicide watch, he or she must be examined by a nurse and a body chart completed.

6.2. After an inmate's initial placement on constant observation, triage by a triage nurse, and referral for mental-health evaluation, each inmate must be evaluated using a suicide risk assessment to determine if the individual is not suicidal or is "acutely suicidal" or "nonacutely suicidal," as these terms are defined in the National Commission on Correctional Health Care standard MH-G-04.

6.3. Consistent with section 1.2 of the Phase 2A Order and Injunction on Mental-Health Psychotherapy and Confidentiality Remedy (doc. 1899-1, the "Psychotherapy Order"), an evaluation using a suicide risk assessment will be conducted out of cell and in a confidential setting as follows:

> **6.3.1. Licensed psychiatrists or licensed psychologists may conduct these evaluations either in person or by telepsychiatry.**
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> **6.3.2. In the event that they are conducted by telepsychiatry, the inmate being evaluated will be in a room with a licensed MHP or a CRNP, and the evaluation must comply with the telepsychiatry requirements set forth in the Psychotherapy Order at section 1.4. (Doc. 1899-1 at 8).**
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> **6.3.3. CRNPs and licensed MHPs may conduct these evaluations but only if they are conducted in person.**
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> **6.3.4. Within the timeframes set forth in section 2.3 above, licensed MHPs and CRNPs must complete a training on suicide prevention,**

assessing suicidality, and procedures of suicide watch.

7. MONITORING SUICIDAL INMATES.

7.1. Any inmate who is initially or subsequently determined to be acutely suicidal shall be monitored through a constant watch procedure.

7.2. Any inmate who is initially or subsequently determined to be nonacutely suicidal shall be monitored through a "close watch procedure" that ensures monitoring by the mental-health vendor's staff at staggered intervals not to exceed every 15 minutes.

7.3. Both constant observation and close watch shall be contemporaneously documented at staggered intervals not to exceed 15 minutes on a record maintained on each individual cell door. Upon discharge from suicide watch, these records will be maintained in the individual inmate's medical record.

7.4. MHO will not be used for suicide watch.

7.5. Suicide watch cells shall be considered suicide resistant if they meet the requirements set forth in section III(B) of the ADA Report.

7.6. No later than 180 days from the Effective Date, ADOC will determine, in collaboration with Dr. Mary Perrien, the appropriate number of suicide resistant cells for each ADOC major facility. The number of suicide resistant cells for each ADOC major facility will be subject to the approval of the mental health monitor or, if there is not yet a mental health monitor, Plaintiffs' expert.

7.7. ADOC shall make all suicide watch cells suicide resistant according to the schedule set forth

in the ADA Report, subject to and consistent with any agreements, stipulations, notices, or orders related to the ADA and/or the ADA Report.

7.8. Within six (6) months from the Effective Date, ADOC will explore the feasibility of converting ten (10) cells in the C Block at Limestone Correctional Facility into suicide resistant suicide watch cells.

7.9. On a quarterly basis after completion of the work required by section 7.7 above and during the term of this Agreement, ADOC will physically inspect the suicide watch cells completed consistent with section 7.7 above to determine whether they remain suicide resistant in accordance with the policy developed pursuant to section 7.5 above.

7.10. ADOC may designate areas or cells where an inmate could be temporarily placed when a suicide watch cell is unavailable, provided that an acutely suicidal inmate is on "constant observation" and a nonacutely suicidal inmate is on "close watch" during his or her placement in this ancillary area or cell.

7.11. ADOC's mental-health vendor must evaluate equipment available to observers to ensure they can conduct appropriate observation of inmates on suicide watch and MHO. ADOC's mental-health vendor must ensure the routine oversight of observers by onsite MHPs and/or mental-health management.

7.12. To ensure continuity of care, if an inmate is transferred while on suicide watch, then mental-health staff at the sending facility will communicate with mental-health staff at the receiving facility consistent with section 3.2 of the Treatment Planning Order. (Doc. 1865-1 at § 3.2).

7.13. This section 7.13 will apply from the first full quarter after the Effective Date until appointment of an External Compliance Team. A random sampling of the suicide risk assessments for 10% of the inmates for whom suicide risk assessments were completed at each major ADOC facility shall be forwarded to the Director of Psychiatry for ADOC's mental-health vendor or any of its regional office clinician(s) designated by the mental-health vendor's Director of Psychiatry for this purpose on a monthly basis. As part of its continuous quality improvement program, ADOC's mental-health vendor will review the suicide risk assessments using audit tools developed by the mental-health vendor, and will develop any necessary corrective action plans. ADOC's mental-health vendor will report the results of its audit of suicide risk assessments and send the underlying suicide risk assessment to ADOC's Office of Health Services ("OHS") on a quarterly basis. ADOC's OHS will review the report and underlying documents to determine whether any additional corrective action is necessary. If additional corrective action is necessary, ADOC's OHS will request its mental-health vendor prepare and/or revise a corrective action plan and implement such plan. Plaintiffs will be provided the quarterly report prepared by ADOC's mental- health vendor, the underlying suicide risk assessments, ADOC's response to its mental-health vendor's audits, any further correspondence between ADOC and its mental-health vendor on the audits or corrective action plans, and any corrective action plans within fourteen (14) days of the end of a quarter.

8. REFERRAL TO A HIGHER LEVEL OF CARE.

8.1. If an inmate remains on watch for 72 hours, then he or she must be considered for referral to a higher level of care. If the inmate is not referred for a higher level of care, the clinical rationale must be

documented in the medical chart and tracked in the crisis utilization log or similar.

8.2. If an inmate remains on watch for 168 hours, the treatment team must meet to review a referral to a higher level of care. If the inmate is not referred to a higher level of care, the rationale must be documented in the medical chart and tracked in the crisis utilization log.

8.3. If an inmate remains on watch for 240 hours or longer and does not meet the criteria for discharge to outpatient mental health care, then the inmate must be referred to a higher level of care (which includes a RTU, SU, or inpatient hospitalization, as clinically appropriate).

8.4. Inmates who are returned to watch status within thirty (30) days of release from a watch and/or who have three watch placements within six months shall be considered for referral to a higher level of care, unless clinical staff determine and document a clinical rationale as to why the inmate should not be referred. ADOC's OHS must be immediately notified of any inmates who meet these criteria but are not referred and shall be provided with the clinical rationale.

9. DISCHARGE.

9.1. An inmate may be discharged from suicide watch following an out-of-cell, confidential evaluation, unless such an evaluation is not possible due to documented clinical concerns which may result in the inmate being discharged from suicide watch to a higher level of care, according to the following terms:

> **9.1.1. Licensed psychiatrists or licensed psychologists may conduct these evaluations either in person or by telepsychiatry. In the**

event that they are conducted by telepsychiatry, the inmate being evaluated will be in a room with a licensed MHP or CRNP.

9.1.2. CRNPs may conduct these evaluations but only if they are conducted in person.

9.1.3. When licensed MHPs are in place at each facility, they may conduct these evaluations but only if they are conducted in person.

9.1.4. Within the timeframes set forth in sections 2.1 and 2.3 above, licensed MHPs and CRNPs must complete a training on suicide prevention, assessing suicidality, and procedures of suicide watch.

9.1.5. Each inmate placed on constant watch will be reduced to a close watch prior to release from suicide watch, unless a clinician determines and documents the propriety of discharging an inmate to a less restrictive setting to avoid unnecessarily continuing the confinement of the inmate.

9.2. Inmates discharged from suicide watch shall not be transferred to a RHU, unless there is a documented exceptional or exigent circumstance.

9.3. Any transfer from suicide watch to a RHU must be approved by the Deputy Commissioner of Operations (male facilities) and Deputy Commissioner of Women's Services (female facility) or their designee.

9.4. Within five (5) days of the conclusion of each month until an External Compliance Team is in place, ADOC will provide Plaintiffs a report showing each inmate discharged from suicide watch to RHU, when

the inmate went to RHU, why the inmate went to RHU (i.e., the exceptional or exigent circumstance), and when the inmate left RHU, and where the inmate went upon transfer out of RHU.

9.5. ADOC will perform 30-minute security rounds in RHUs. Defendants shall implement the system of supervisory review and confirmation of security checks as set forth in the Immediate Suicide Prevention Order. (Doc. 2525 at 163-164).

10. TREATMENT AND FOLLOW-UP EXAMINATIONS.

10.1. Consistent with the Treatment Planning Order, a treatment plan will be prepared within one (1) working day of an inmate's placement on suicide watch and the inmate's treatment team must meet to review the plan at intervals not to exceed three (3) days while the inmate is on suicide watch. (Doc. 1865-1 at §§ 1.2.4.7. and 2.2.5.)

10.2. Consistent with section 1.1 of the Psychotherapy Order, mental health treatment services shall be tailored to adequately meet the clinical needs of each inmate-patient. (Doc. 1899- 1). Treatment shall consider and factor in the dynamic risk factors identified in the SRA, along with any other relevant clinical factors.

10.3. Consistent with section 1.2 of the Psychotherapy Order, individual counseling sessions and therapeutic groups will be conducted out of cell and in a confidential setting.

10.4. For inmates in a RHU, the following provisions apply:

> **10.4.1. Consistent with the Phase 2A Order and Injunction on Segregation Remedy (Preplacement,**

Mental-Health Rounds, Periodic Evaluations) (doc. 1815-1, the "RHU Order"), an inmate must be (a) screened before placement in a RHU; (b) evaluated during mental-health rounds; and (c) evaluated through periodic mental-health assessments. A preplacement screening and periodic mental-health assessment will evaluate suicide risk and presence of a serious mental illness ("SMI"), and the periodic mental-health assessment will evaluate an inmate's need for a higher level of mental-health care. (Doc. 1815-1 at 1-6).

10.4.2. If an inmate's RHU placement continues after a periodic mental-health assessment, then the clinical rationale for his or her continued placement will be included on Mental Health Assessment/Report form.

10.4.3. If an inmate in a RHU has a SMI or a psychiatrist, psychologist, CRNP, or MHP determines his or her continued placement in the RHU is contraindicated, then that inmate will be transferred to a Structured Living Unit ("SLU"). An inmate with a SMI will take priority over an inmate without a SMI.

10.5. Inmates admitted to suicide watch must be considered for placement on the mental- health caseload. If an inmate admitted to suicide watch is not placed on the mental-health caseload, then the clinical rationale must be documented in the inmate's medical chart. Inmates placed on the mental-health caseload will have access to mental-health services consistent with the Treatment Planning Order and the Psychotherapy Order.

10.6. Each inmate on suicide watch will have shower shoes or other footwear for movement outside his

or her suicide watch cell. Unless clinically indicated otherwise, inmates on suicide watch will:

10.6.1. have a regular meal offered on a silicone or pressed cardboard tray with a thumb-handle miniature spork or a paper / cardboard eating utensil if the inmate has misused regular cutlery on suicide watch. If a sack meal is necessary, then a menu with items approved by a dietician for nutritional content and variation must be provided. Sack meals will be provided only so long as necessary to manage an inmate with acute suicide risk;

10.6.2. be allowed to use flexible thumbprint, flexible finger, or similar toothbrushes that will be returned after each use twice daily, or no-shank fingertip toothbrushes that will be maintained in individual containers or bags for later use;

10.6.3. be allowed shampoo, hair combs or brushes, hair grease, lotion, and feminine hygiene products;

10.6.4. receive the same privileges (e.g., visits, phone calls, mail) afforded by the inmate's last housing assignment (e.g., population, RHU);

10.6.5. be provided socks to wear inside the suicide watch cell.

10.7. Suicide watch cells must be cleaned between inmate admissions to eliminate biohazards and control infectious diseases.

10.8. The following provisions apply to all suicide watch follow-up examinations:

10.8.1. Mental health staff shall conduct four (4) suicide watch follow-up examinations, one on each of the first three days following discharge from suicide watch, and the fourth on a day set by ADOC in consultation with Dr. Perrien. No discharge and transfer of an inmate from suicide watch to another institution for ten (10) days, except for a return of an inmate from suicide watch to his sending institution or another non-significant transfer prior to the commencement of the follow-up examinations, without restarting the four (4) follow ups. For example, an inmate transferred from Holman to Fountain for suicide watch may return to Holman on the date of his discharge from suicide watch at Fountain. After completion of the four (4) follow-ups, an inmate may be transferred to any ADOC facility without any further need for suicide watch follow-ups, unless clinically indicated.

10.8.2. Each follow-up examination will be conducted out-of-cell in a confidential setting, unless such an examination is not possible due to documented clinical concerns resulting in the inmate being transferred to a higher level of care;

10.8.3. Follow-up examinations do not take the place of otherwise scheduled mental health appointments, though they may occur in connection with or contiguous with such appointments. The mental health staff conducting the follow up examinations shall assess whether the inmate released from suicide watch is showing signs of ongoing crisis, whether the inmate needs further follow-up examinations, and whether the inmate should be

added to the mental health caseload or assigned a different mental health code.

10.8.4. Licensed psychiatrists or licensed psychologists may conduct these follow- up examinations either in person or via telepsychiatry with a licensed MHP or CRNP in the room.

10.8.5. CRNPs may conduct these follow-up examinations but only if they are conducted in person.

10.8.6. Licensed MHPs may conduct these follow-up examinations but only if they are conducted in person.

10.8.7. Within the timeframes set forth in sections 2.1 and 2.3 above, licensed MHPs and CRNPs must complete the training on suicide prevention, assessing suicidality, and procedures of suicide watch.

11. POLICIES.

11.1. No later than nine (9) months after the Effective Date, ADOC will publish, promulgate, and maintain a single authoritative set of comprehensive policies and procedures related to the provision of mental-health services provided to the inmate population, including, for example, policies and procedures related to suicide prevention and suicide-prevention-related oversight.

11.2. No later than nine (9) months after the Effective Date, ADOC will update its Inmate Handbooks consistent with this Agreement.

11.3. ADOC's will mandate that the provision of mental-health services by any third-party vendor comply with the its policies and procedures and other standards as may be defined in the administrative regulations, directives, policies and procedures published by ADOC.

12. MONITORING.

12.1. Correctional: From the Effective Date until appointment of an External Compliance Team, ADOC will provide seven (7) continuous days of records from three (3) restrictive housing units selected by Plaintiffs' counsel related to 30-minutes security checks in those restrictive housing units. For purposes of this agreement, a restrictive housing unit is a lettered housing unit or, where applicable, a separately denominated section of a restrictive housing unit. For example, at St. Clair, Unit C is divided into C1 and C2, and therefore a single restrictive housing unit is C1. Plaintiffs' counsel will identify the days and restrictive housing units no later than the last day of the month. ADOC will then provide Plaintiffs' counsel with the records related to the three (3) restrictive housing units within fourteen (14) calendar days.

12.2. Clinical: From the Effective Date until appointment of an External Compliance Team, ADOC will use its continuous quality improvement system to review each of the provisions of these suicide prevention measures and inform Plaintiffs' counsel of what the system entails. ADOC will produce to Plaintiffs' counsel any mental-health audits, documents reviewed for such audits, and corrective action plans related to such audits within twenty-one (21) calendar days of the end of the month in which the audit was performed or the corrective action plan was created or revised.